

Political Organization
Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

1 Name of organization
SCALZI FOR HOUSE
Employer identification number
~~262-61-6462~~
2 Mailing address (P.O. Box or number, street, and room or suite number)
P.O. Box 782
City or town, state, and ZIP code
Homer AK 99603
E-mail address of organization
~~ETN PENDING~~
92-0172827#

4a Name of custodian of records
R. BRIAN Bennett
4b Custodian's address
P.O. Box 3582
Homer, AK 99603
5a Name of contact person
JESSIE NELSON
5b Contact person's address
Box 130
HOMER, AK 99603

6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
City or town, state, and ZIP code

Part II Purpose

7 Describe the purpose of the organization
The purpose of Scalzi for House is to elect
Andrew Scalzi to public office

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
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Form **SS-4**

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) SCALZI FOR HOUSE																
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name														
	4a Mailing address (street address) (room, apt., or suite no.) PO BOX 782		5a Business address (if different from address on lines 4a and 4b)														
	4b City, state, and ZIP code Homer AK 99603		5b City, state, and ZIP code														
	6 County and state where principal business is located Kenai Peninsula BORO - AK																
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► BRIAN BENNETT, CAMPAIGN MANAGER																
	8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a.																
<table><tr><td><input type="checkbox"/> Sole proprietor (SSN)</td><td><input type="checkbox"/> Estate (SSN of decedent)</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Plan administrator (SSN)</td></tr><tr><td><input type="checkbox"/> REMIC</td><td><input type="checkbox"/> National Guard</td></tr><tr><td><input type="checkbox"/> State/local government</td><td><input type="checkbox"/> Farmers' cooperative</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td><input type="checkbox"/> Trust</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ►</td><td><input type="checkbox"/> Federal government/military</td></tr><tr><td colspan="2"><input checked="" type="checkbox"/> Other (specify) ► POLITICAL ORGANIZATION (enter GEN if applicable)</td></tr></table>				<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard	<input type="checkbox"/> State/local government	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Trust	<input type="checkbox"/> Other nonprofit organization (specify) ►	<input type="checkbox"/> Federal government/military	<input checked="" type="checkbox"/> Other (specify) ► POLITICAL ORGANIZATION (enter GEN if applicable)	
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8b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country														
9 Reason for applying (Check only one box.) (see instructions)																	
<table><tr><td><input type="checkbox"/> Started new business (specify type) ►</td><td><input type="checkbox"/> Banking purpose (specify purpose) ►</td></tr><tr><td><input type="checkbox"/> Hired employees (Check the box and see line 12.)</td><td><input type="checkbox"/> Changed type of organization (specify new type) ►</td></tr><tr><td><input type="checkbox"/> Created a pension plan (specify type) ►</td><td><input type="checkbox"/> Purchased going business</td></tr><tr><td></td><td><input type="checkbox"/> Created a trust (specify type) ►</td></tr><tr><td></td><td><input checked="" type="checkbox"/> Other (specify) ► STARTED POLITICAL CAMPAIGN</td></tr></table>				<input type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Banking purpose (specify purpose) ►	<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►	<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business		<input type="checkbox"/> Created a trust (specify type) ►		<input checked="" type="checkbox"/> Other (specify) ► STARTED POLITICAL CAMPAIGN				
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10 Date business started or acquired (month, day, year) (see instructions) 3-16-00		11 Closing month of accounting year (see instructions) DEC															
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► N/A																	
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►		Nonagricultural	Agricultural														
14 Principal activity (see instructions) ► POLITICAL ACTIVITIES		<input checked="" type="checkbox"/>	<input type="checkbox"/>														
15 Is the principal business activity manufacturing?		Yes	<input checked="" type="checkbox"/> No														
16 To whom are most of the products or services sold? Please check one box.		<input type="checkbox"/> Business (wholesale)															
<input type="checkbox"/> Public (retail)		<input checked="" type="checkbox"/> Other (specify) ► N/A															
17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.																	
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►																	
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN																	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.																	
Name and title (Please type or print clearly.) ► JESSIE NELSON CAMPAIGN TREASURER		Business telephone number (include area code) (907) 235-8778 Fax telephone number (include area code) ()															
Signature ► <i>Jessie Nelson</i>		Date ► 07-31-00															
Note: Do not write below this line. For official use only.																	
<table><tr><td>Please leave blank ►</td><td>Geo.</td><td>Ind.</td><td>Class</td><td>Size</td><td>Reason for applying</td></tr></table>				Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying								
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For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 15055N

Form **SS-4** (Rev. 4-2000)